

EMS Vision Update 2000
Integrating the Pieces
November 29-December 1, 2000
The Marines' Memorial Club & Hotel
609 Sutter Street
San Francisco, California

Vision Access Committee
Session 2

Chair: Jeff Clet, Division Chief San Jose Fire Department.

Co-Chair: Carol Biancalana, EMSA

Sub-Committee Members/Stakeholder Representatives: Mike Harris (EMSAAC), Cheryl Talton (PPSAP), Reginald Chappelle (CHP), Kevin White (CPF), Sam Spiegel (CPOA), Sue Wright (CHP).

Introduction: Opening remarks were made by Jeff Clet. At this time, he made announcements regarding CE credits and evaluations.

Agenda: New objectives were prioritized and discussed:

1. Universal access to 911 (position paper- final draft completed in October 2000).
 2. EMD standards (dispatcher immunity).
 3. Access Management (patient referral).
 4. Link medical call centers and 911.
- Original Purpose Statement Objective #2: Access to EMS for perceived emergency needs should be via a universal access system, such as 911. This system should have the ability to distinguish and provide care appropriate to need.
 - Original Purpose Statement Objective #5: Improve enhanced 911 system access in rural areas and support and advocate installation of call boxes on federal/state highways.

Active Objectives Update (Cindy Keehen)

- Universal Access
 - Position paper was distributed for stakeholder endorsement.
 - Discussion of legislation for wireless access to 911.
- Rural Telecommunications
 - Some areas do not have basic telephone services
- Federal/State Highway Call boxes-
 - Intended as a motorist aid system, not an immediate emergency service (could be a delay).
- Recommendations:
 - EMSA should adopt a sub-committee position paper.

- EMSA should support community outreach programs.
- EMD Standards
 - Framework for EMD standards.
 - Draft legislative guidelines.
 - Identified mechanism for EMD immunity.
- Universal Access Position Paper
 - Access to EMS for perceived emergency needs

EMD Standards Panel

-Proposed Legislative Guidelines

Comments:

1. Establish the EMD standards including:
 - (General provisions:)
 - EMD training programs
 - Internship
 - Certification/Re-Certification
 - Continuing dispatch education
 - Continuous QI
 - Medical oversight
2. Training programs shall submit curriculum/standards for certification to:
 - Public Agencies: POST or State Fire Marshal or
 - Private Agencies: EMSA
3. Verification of program compliance
 - Provider agencies shall submit EMD programs to LEMSA for verification of compliance to the standards.
 - Once a program is developed, it will be reviewed.
 - Provider submits curriculum to LEMSA
 - LEMSA will not unreasonably withhold verification of the process
 - Appeals will be directed to EMSA
 - LEMSA shall provide written verification to the agency

-Sam Spiegel discussed Qualified Immunity

- Goal: Modify programs through training to make sure all agencies meet standards. Then they will have qualified immunity (burden of proof shifts to the plaintiff).
- Pursuit policy guidelines were used as a model for Qualified Immunity guidelines.

Current Status for EMD Standards

1. Framework for standards completed, identified mechanism for EMD qualified immunity.
2. Draft legislative guidelines still in process.

Questions/Comments:

1. When the standards are written for quality improvement, it should involve the entire system (ambulance, first response, etc.).
2. Who will oversee the standards and guidelines?

3. Funding for the process- not resolved.
4. Statewide system with consistent protocol for universal access system cannot be addressed as of yet.